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FOR ACTION

RECOMMENDATIONS FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE ASIA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the Asia region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $1,104,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Bhutan	874 000	1992-1996
Cambodia	230 000	1994-1995

The annual funding requirements of the two countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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I. BHUTAN

1. The country programme for Bhutan for the period 1992-1996 was approved by the Executive Board in 1992 with an allocation of $5 million from general resources (E/ICEF/1992/P/L.24). The annual planning level was increased from $1 million to $1.2 million in 1993, which helped to accelerate programme implementation and expand programme activities leading to the achievement of key mid-decade goals. It also helped to prepare the ground for the year 2000 goals for children in Bhutan. As a result of the increased planning level, the balances of approved general resources are not sufficient to provide funding for 1996. Therefore, an additional amount of $874,000 is requested to cover the approved level of general resources.

2. Bhutan ratified the Convention on the Rights of the Child and also signed the World Summit for Children Declaration in 1990. A national programme of action for children was prepared in 1992 and specific programme goals were incorporated into the Seventh Five-Year National Development Plan for the period 1992-1997. The commitment reflected in those policy decisions has given a clear goal orientation to the programme of cooperation, and Bhutan has made significant progress towards achieving the mid-decade goals.

3. The National Health Survey of 1994 has provided a realistic and official assessment of survival rates among children and women in Bhutan. The survey reports an infant mortality rate (IMR) of 70 per 1,000 live births and an under-five mortality rate (U5MR) of 96 per 1,000 live births, and lower IMRs and U5MRs for girls than for boys. IMR and U5MR for girls are 66.3 and 92.3 per 1,000 live births, respectively, compared with 78.3 and 100.2 per 1,000 live births, respectively, for boys. The rate of maternal mortality has been assessed at 374 per 100,000 live births, compared with 770 in 1984.

4. The strategy for the 1992-1996 country programme of cooperation consists of (a) coordinated delivery of the national programme of basic social services at the community level; (b) organized community action and participation in social development activities; and (c) social mobilization at national and local levels on key social development issues. This strategy mix has been effective and will continue to be applied to the remainder of the country programme in 1995-1996.

Health

5. The health programme aims to improve and intensify child survival interventions directed against diarrhoeal diseases, worm infestations and acute respiratory infections (ARI), the most common causes of child mortality and morbidity in Bhutan.

6. The country achieved universal child immunization (UCI) in 1990, and high immunization coverage has been sustained for all antigens except measles, which has fallen to 68 per cent. To reverse the downward trend in measles immunization, district campaigns, supported by appropriate communication strategies, are being planned. The success of immunization is reflected by the fact that no poliomyelitis cases have been reported since 1986. Measles cases have declined significantly and no diagnosed cases of neonatal tetanus have been reported. The programme will continue in 1995-1996 to provide all required

vaccines, to maintain and extend the cold chain and to provide the necessary operational support.

7. A regional World Health Organization (WHO) study reported that Bhutan has the highest diarrhoea incidence rate among children in South Asia at 3.9 episodes per child per year. While oral rehydration therapy (ORT) usage was reported to be high (89 per cent), correct use of oral rehydration was only 7 per cent. If the more recent definition of ORT use is applied (includes increased fluids and continued feeding), then the usage rate is 34 per cent. To help improve the ORT use rate, the programme will focus on improved household case management and the establishment of 121 ORT corners at all health facilities. Medical staff and health workers will receive special training in case management and diarrhoea prevention.

8. A major training effort will be made under the project to control ARI. Using the standard WHO modules, supplemented with locally adapted materials, various categories of health workers will be trained in early identification and case management of ARI in children. Some 1,000 village health workers (VHWs) and clinic staff will be trained and provided with breathing timers and appropriate antibiotics.

9. The national primary health care system is based on a network of 84 basic health units and 42 dispensaries which support outreach clinics and VHWs. Since 1992, UNICEF has provided roofing materials and cement to communities for establishing 75 outreach clinics and has supported the training of 1,300 VHWs. A recent study on the performance of VHWs indicated some weaknesses in programme management, supervision and monitoring. During the remainder of the programme cycle these issues will be addressed through training and other interventions to strengthen monitoring and supervision.

10. In cooperation with the United Nations Population Fund, the safe motherhood project aims to improve services for pregnant women in order to reduce maternal mortality. Project activities will include the provision of medical equipment to upgrade obstetric facilities; the training of auxiliary nurse midwives and VHWs; and the development of communication inputs for the promotion of reproductive health, with a special focus on young people.

Nutrition

11. Although malnutrition is not considered to be a major problem in Bhutan, a national survey conducted in 1988 reported that 38 per cent of children under five years of age were under weight. The nutrition programme aims to improve infant feeding practices, with a special emphasis on the promotion and protection of breast-feeding. As part of this approach, the national referral hospital was declared "baby-friendly" in 1992. The programme will encourage and support district hospitals to adopt the necessary measures to achieve a similar status.

12. As Bhutan is situated in the Himalayan goitre belt, iodine deficiency disorders (IDD) were once common throughout the country. Efforts to address the problem gained momentum in 1985 with the establishment of a national IDD control project. An evaluation conducted in 1992 indicated an impressive reduction in

IDD mainly through the consumption of iodated salt. Although UNICEF no longer provides iodate or packaging materials, assistance will be provided for monitoring, technical support and social mobilization.

13. While a study on the extent of vitamin A deficiency is planned, high potency vitamin A capsules will continue to be distributed to infants, young children and lactating mothers through the health services. Dietary improvement will be promoted through the distribution of vegetable seeds for approximately 1,100 village kitchen gardens and 84 demonstration vegetable plots attached to basic health units.

Health promotion through monks

14. Buddhism plays a dominant and guiding role in the daily life of the majority of the population. Lamas and monks residing in the country's 3,000 monasteries, as well as the religious lay practitioners in villages, have an important spiritual influence on all matters pertaining to life, death and physical well-being. In view of their significant role in society, this innovative project aims to involve religious practitioners in a holistic approach to meeting the health needs of the population by complementing traditional beliefs with elements of modern health care. Eight district workshops for 455 traditional healers and lay religious practitioners have already been organized. An additional 20 workshops are planned for the next two years. Training courses are based on Facts for Life, translated into Dzongkha. The training component is supported by the provision of improved sanitation and hygiene facilities in the monasteries.

Rural water supply and sanitation

15. UNICEF has been a major partner of the Government in the rural water supply and sanitation sector since 1974. Coverage of rural water supply and household latrines continues to increase, with the mid-decade goals estimated to have been reached by the end of 1993. Coverage of water supply increased from 40 per cent in 1990 to 50 per cent in 1993, while sanitation coverage has improved from 50 to 55 per cent during the same period, thus narrowing by almost 20 per cent the gap between the 1990 situation and the year 2000 goal of 80 per cent coverage. In 1992, a royal decree was issued which stressed the responsibility of the users to maintain their water supplies and to construct and use latrines at the household level. This commitment at the highest level has reinforced significantly efforts at all levels to expand and intensify community action for improved water supply and sanitation.

16. In rural water supply, coverage continues to expand through the construction of small gravity-fed piped water supply schemes. The issue of sustainability in rural water supply is given increasing attention. Better standards of construction, for example, are being maintained to complement community capacity-building activities. For each scheme, users form a village maintenance committee to take full responsibility for operation and maintenance. Each scheme has two local caretakers who are trained and equipped with simple tools. Since 1992, 340 rural water schemes have been constructed or renovated, serving around 62,000 people. Another 525 schemes for about 100,000 beneficiaries are planned for the remainder of the programme cycle. Since 1992,

more than 2,700 villagers have participated in training activities on water supply and sanitation. Approximately 11,000 villagers will participate in similar training courses in the next three years.

Basic education

17. Since the early 1960s, school facilities have been established and gradually expanded throughout the country, reflecting the priority to education. After participating at the World Conference on Education for All in 1990, the Government adopted the goal of universal primary education by the year 2000 and embarked on a vigorous plan to reach this goal. Although the enrolment of girls has lagged behind that of boys, the enrolment ratio in primary education has been improving steadily. The male/female ratio improved from 66:34 in 1983 to 56:44 in 1994.

18. While enrolment rates have increased rapidly, the pace of expansion has placed a considerable strain on the system. To overcome this strain, several important initiatives have been taken, among them the expansion of the Paro Teacher Training College and a study of the cost-effectiveness of the education system. The curriculum has been reformed radically to incorporate child-centred approaches in the classroom, with greater emphasis on continuous assessment rather than final examinations, especially at the lower primary levels. The number of schools has been increasing steadily since 1992 to reach children in the remotest areas through the establishment of small community schools, which serve as a feeder system for larger primary schools. Multi-grade teaching techniques have been introduced to meet the needs of such schools in remote areas.

19. UNICEF will continue to support the production of teaching and learning materials and to provide basic materials and equipment for community schools, teacher training, capacity-building for administrators, study tours and distance learning for professional technical staff. UNICEF will also provide non-formal education centres with basic reading books and teaching materials.

Social mobilization and advocacy

20. In the absence of television, UNICEF has worked closely with national radio to expand and improve its capacity to produce and disseminate information in support of child survival and development programmes. Investments in staff training have improved noticeably the quality of programmes and the relevance of messages. Increased emphasis will be given to the further development of radio communication both in terms of equipment and capacity-building.

Monitoring and evaluation

21. UNICEF will continue to work with the Planning Commission and sectoral ministries to revise and update social indicators for health, basic education, water supply and sanitation. Recognizing that a monitoring process is essential for the achievement of the mid-decade goals, the programme will assist government departments to establish decentralized monitoring systems.

22. In each of the 196 administrative units of the country, known as Gewogs, block development committees have been established to facilitate community-based planning, implementation and monitoring of development activities. The programme of cooperation is assisting directly in this process and will further support the training of gups (local development committee chairpersons).

23. A number of specific evaluations and studies have been and are being carried out during the first three years of the programme. These include an impact study of the VHW programme; a study to identify the potential of folk arts for carrying development messages; a cost-effectiveness study of primary education; and an evaluation of the rural water supply and sanitation programme. The results of the studies serve both to identify strengths and weaknesses in implementation of existing programmes and to prepare future strategies for the next country programme cycle.

24. In addition to regular annual reviews of the programme, a mid-term review is scheduled for 1995. This will prepare the ground for the development of the next full country programme for the period 1997-2001, to be presented to the Executive Board in 1996. The development of the new programme and implementation of preparatory actions, focusing on the achievement of the year 2000 goals, will be a major focus of activities during 1995-1996.

II. CAMBODIA

25. The current short-duration country programme for Cambodia was approved by the Executive Board for the period 1994-1995 with an allocation of $4,280,000 and an extension of the three-year programme (1992-1994) for one year, i.e., 1995 (E/ICEF/1994/P/L.22). Based on the availability of additional general resources and country programme needs in Cambodia, the 1994 planning level of $3 million was increased by $230,000 in 1994 in order to facilitate and accelerate the achievement of mid-decade goals of UCI, universal salt iodization and ORT. For this reason, additional general resources in the amount of $230,000 are being requested for 1995 in order to maintain the annual planning level at $3 million.

Social mobilization, advocacy and capacity-building

26. Cambodia acceded to the Convention on the Rights of the Child in September 1992 and signed the World Summit for Children Declaration in February 1993. Social mobilization and advocacy activities were undertaken and strengthened following the Paris Peace Agreement and during the presence of the United Nations Transition Authority in Cambodia. Based on a continuing dialogue between the new Government and UNICEF, provisions of the Convention on the Rights of the Child were included in the new constitution. As the new Government develops legislation, it is important for UNICEF to advocate for Cambodian laws to reflect the concerns of Cambodia's new institutions for the well-being of children and women and for the protection of their rights. To assist the Government in social sector planning, UNICEF will work closely in 1995 with an intersectoral government committee to develop a national programme of action which is expected to become part of the new Government's national development plan. UNICEF will also support the collection, analysis and

dissemination of information about the situation of children and women for use in planning and monitoring.

27. Since 1991, the Cambodia/UNICEF programme of cooperation has given increasing importance to local capacity-building for programme planning and implementation in view of the shortage of qualified local professionals. At the expressed request of the Government, UNICEF will provide a team of international professional staff to strengthen capacity-building at national and subnational levels and effective programme implementation and monitoring. The use of highly qualified and experienced personnel has already shown positive results in the health and education programmes. Technical advisers have been posted to four provincial health departments and four education specialists facilitate policy, planning and implementation of basic education in the Ministry of Education. This form of technical assistance will be continued during the coming years in order to increase Cambodia's capacity to plan social sector programmes for children and women and to absorb external development assistance effectively.

Health services

28. In spite of the continued insecurity in some parts of the country, improvements were made in the course of 1994. Immunization coverage has increased considerably in the whole country, particularly in the provinces where one health adviser is placed in the provincial health directorate. In 1995, the pursuit of this progress will continue in order to reach the mid-decade goals in the 12 most populated provinces, which represent 70 per cent of the total population of the country. Subnational immunization days, organized by the Ministry of Health with the support of WHO and UNICEF in February and March 1994 in Phnom Penh and Kandal province, have reached more than 90 per cent of the target population. National immunization days have been planned for February and March 1995 to cover all parts of the country. The essential drugs programme supported by UNICEF has been able to attract substantial contributions from bilateral and multilateral donors, who have pledged $13 million for the period 1994-1995. Financial support to the development of this system is now being shared with WHO, the United Nations Development Programme (UNDP) and the Overseas Development Administration (of the United Kingdom of Great Britain and Northern Ireland) through a joint project for strengthening health services.

Household food security

29. Malnutrition affects a significant percentage of women and children who suffer from chronic insufficiency of food, limited access to health care, lack of safe drinking water, and poor food habits and health practices. Since 1987, the family food production project supported by UNICEF has reached nearly 60,000 families and demonstrated approaches to improve food security for disadvantaged families. The project has provided funds for technical and supply assistance for household gardening, small animal raising and fish ponds. Nutrition concerns, such as micronutrient deficiencies, are addressed as an integral part of the health programme. The project is implemented by provincial and district coordinating committees comprised of representatives from the Ministries of Agriculture and Education and the State Secretariat of Women's Affairs. Approximately 20,000 additional families will benefit from the project in 1995.

Education

30. In spite of considerable efforts made by the country in the 1980s under conditions of isolation and economic insecurity, the educational system will not be able to guarantee education for all without substantial external support and a thorough overhaul of the system. The school system is constrained by limited financial resources, obsolete pedagogical methods due to the prolonged isolation of the country, poor teacher training and a lack of textbooks. In the past two years, the education programme supported by UNICEF has begun to provide some initial remedies. A programme to improve and test student and teacher competencies has been established with technical assistance from a team of experts from neighbouring countries. The programme, implemented by the Ministry of Education with technical support from non-governmental organizations, reaches the provincial level through support for teacher-training colleges and school systems. It develops and shares expertise among cluster schools in four selected provinces. Support for the production of textbooks has increased the number from 200,000 in 1991 to over 2 million in 1993-1994. Logistical problems in distributing textbooks are being addressed. The programme will continue through 1995 and complements a long-term project proposed by UNDP/United Nations Educational, Scientific and Cultural Organization for capacity-building in education and human resources development, and the emergency teacher-training and education sector analysis project funded by the Asian Development Bank (AsDB).

Women in development

31. Women represent 56 per cent of the adult population of Cambodia and more than one quarter of the families are headed by single women. Over 75 per cent of women are illiterate. Although women still experience gender disparity, their responsibilities for the family economy and the role they play in the care and education of children make them primary agents of development. The current programme uses a rural credit system to provide female heads of households with loans to be used for small livestock, food processing and drying, handicrafts and other small projects. While 10,000 women received loans and 1,850 benefited from cow-bank loans in 1990-1993, the number of participating women will increase by 7,000 in 1994 and by an additional 6,000 in 1995. Efforts will be made to link these women's groups with water supply/sanitation and functional literacy services to promote a convergence of basic services.

Monitoring and social statistics

32. The collection and use of social development data pose a major challenge in Cambodia. The mechanisms used for obtaining such information are often weak. Some progress was made in 1994 in building national capacities for data gathering and monitoring. These efforts will be continued in 1995.

33. The first results of a UNDP/AsDB-sponsored series of household surveys became available and have been very useful for the country programme. While the primary focus of these surveys was to monitor household income and expenditure levels, they provided some information on social indicators. Recognizing that the operational and training mechanisms put into place for this activity can be strengthened further for monitoring social indicators, the agencies of the

United Nations system in Cambodia agreed to undertake a joint project to improve the collection, analysis and use of social statistics. This common United Nations effort, with UNICEF as one of the lead agencies in this project, will help to build capacities of the newly created National Institute of Statistics, which is also the national institution responsible for the household surveys.

Cooperation with international and non-governmental organizations

34. In contrast with the period of international isolation in the 1980s when UNICEF programmes and those of a limited number of non-governmental organizations constituted most of the assistance provided in the field of social services in Cambodia, the last two years have seen the establishment in Cambodia of the principal agencies of the United Nations and the arrival of more than 100 non-governmental organizations. The Government and United Nations agencies have agreed to develop a country strategy note during 1995. Whenever possible, UNICEF has facilitated government coordination of non-governmental organization activities, notably in the health sector, where a coordination committee chaired by the Minister of Health has been established. An informal cooperation and coordination network has been set up between UNICEF and more than 50 non-governmental organizations.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Country	Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995	1996	Total
Bhutan	1992-1996	5 000	-	874	874
Cambodia	1994-1995	6 000	230	-	230
Total			230	874	1 104

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.